

programs outside of the IHS that should be ready to participate in the Self-Governance program at the conclusion of the study and anticipates the introduction of legislation at that time to authorize such participation.

#### SECTION 602. CONSULTATION

(a) Study Protocol. This Provision requires the Secretary to consult with Indian tribes to determine a protocol for conducting the study. The protocol shall require that the government-to-government relationship between the United States and the Indian tribes forms the basis for the study, that consultations are jointly conducted by the tribes and the Secretary, and that the consultation process allow for input from Indian tribes and other entities who wish to comment.

(b) Conducting Study. This provision requires that when the Secretary conducts the study, she is to consult with Indian tribes, states, counties, municipalities, program beneficiaries, and interested public interest groups.

#### SECTION 603. DEFINITIONS

(a) This subsection is intended to incorporate into Title VI the definitions used in Title V.

(b) This subsection defines "agency" to mean any agency in the Department of Health and Human Services other than the Indian Health Service.

#### SECTION 604. AUTHORIZATION OF APPROPRIATIONS

This section authorizes the appropriation of such sums as necessary for fiscal years 1999 and 2000 in order to carry out Title VI.

#### SECTION 5. AMENDMENTS CLARIFYING CIVIL PROCEEDINGS

(a) This provision amends Section 102(e)(1) of the Act to clarify that the Secretary has the burden of proof in any civil action pursuant to Section 110(a).

(b) The provision provides that the amendment to Section 102(e)(1) set out subsection (a) shall apply to any proceeding commenced after October 25, 1994.

#### SECTION 6. SPEEDY ACQUISITION OF GOODS AND SERVICES

This section requires the Secretary to enter into agreements for acquisition of goods and services for tribes, including pharmaceuticals at the best price and in as fast a manner as is possible, similar to those obtained by agreement by the Veterans Administration.

#### SECTION 7. PATIENT RECORDS

This section provides that Indian patient records may be deemed to be federal records under the Federal Records Acts in order to allow tribes to store patient records in the Federal Records Center.

#### SECTION 8. REPEALS

This Section repeals Title III of the Indian Self-Determination and Education Assistance Act which authorizes the Demonstration Project replaced by this Act.

#### SECTION 9. SAVINGS PROVISION

This section provides that funds already appropriated for Title III of the Indian Self-Determination and Education Assistance Act shall remain available for use under the new Title V.

#### SECTION 10. EFFECTIVE DATE

This section provides that the Act shall take effect on the date of enactment.

### LOUISE EPPERSON TO CELEBRATE HER 90TH BIRTHDAY

#### HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. PAYNE. Mr. Speaker, I would like to ask my colleagues here in the U.S. House of Representatives to join me in recognizing a very special person who will be honored at her 90th birthday celebration later this month, Ms. Louise Epperson.

Friends and family will gather at Clinton Avenue Presbyterian Church in Newark, New Jersey to pay tribute to this woman who has given so much to our community. I feel fortunate to have forged a friendship with Ms. Epperson, whom I have come to know as a wonderful, caring person and tireless community activist. Her character and concern for those around her are summed up in the words she holds as her motto and her mission: "To make my life a source of inspiration to others, and a part of tomorrow's history. Never to look down on anyone unless it is to give them a hand to lift them up."

Among her many accomplishments, Ms. Epperson was named Auxilian of the New Year for her 25 years of service to the University of Medicine and Dentistry of New Jersey's University Hospital Auxiliary. This award honored Ms. Epperson as an individual who demonstrated outstanding leadership skills, worked to improve the health of the community and contributed to the advancement of the hospital and its auxiliary. A champion of health issues in her Central Ward neighborhood, Ms. Epperson took up the cause of patient advocacy in her role as patient ombudsman at Martland, which is now called University Hospital, over two decades ago. She became a founding member of the Martland Hospital Auxiliary, where she put innovative ideas into action. Among the programs the auxiliary sponsored were a lead poisoning awareness program in local grammar schools, a "Careermobile" which traveled to local high schools to educate young people about health care careers, the purchase of a van to transport patients to the hospital for outpatient services, nurse education programs, and furnishing a pediatric playroom and a bereavement room. In 1998, she was honored by the city and inducted into the Newark's Women Hall of Fame.

Ms. Epperson is an inspiration to us all as she continues to remain active in numerous organizations, including the Newark Senior Citizens Commission, the Newark Affirmative Action Committee, the Black Presbyterians United, Golden Heritage, the NAACP, and the League of Women Voters. Mr. Speaker, I know my colleagues here in Congress join me in wishing Ms. Epperson a happy birthday and continued success and happiness.

### THE MEDICARE NURSING AND PARAMEDICAL EDUCATION ACT OF 1998

#### HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. BENTSEN. Mr. Speaker, I rise today to introduce legislation, the Medicare Nursing

and Paramedical Education Act of 1998, to ensure that our nation continues to invest in the training of nurses and allied health professionals even as our health care system makes its transition to the increased use of managed care. I am pleased that several colleagues are joining me as original co-sponsors to this initiative, including Reps. CRANE, GANSKE, CARDIN, RANGEL, STARK, and JEFFERSON.

This legislation would provide guaranteed federal funding for nursing and paramedical education and help ensure that our nation continues to train enough nurses and other health care providers during this transition to managed care. Without such a guarantee, I am concerned that the availability and quality of medical care in our country would be at risk.

Teaching hospitals have a different mission and caseload than other hospitals. These hospitals are teaching centers where reimbursements for treating patients must pay for the cost not only of patient care, but also for medical education including nursing and paramedical education. In the past, teaching hospitals were able to subsidize the cost of medical education through higher reimbursements from private and public health insurance programs. With the introduction of managed care, these subsidies are being reduced and eliminated.

Under current law, the Medicare program provides payments to teaching hospitals for nursing and paramedical education. These Medicare payments pay a portion of the costs associated with the required classroom and clinical training.

As more Medicare beneficiaries enroll in managed care plans, payments for nursing and paramedical education are reduced in two ways. First, many managed care patients no longer seek services from teaching hospitals because their plans do not allow it. Second, payments are cut because the formula for these payments is based on the number of traditional, fee-for-service Medicare patients served at these hospitals. When fewer patients visit hospitals, these pass-through payments are reduced.

In 1995, Medicare provided \$253 million for a portion of the costs associated with the allied health and nursing education. This payment represents 37 percent of the total costs of operating these programs at 731 hospitals nationwide. According to a recent Lewin Group estimate, allied health and nursing education pass-through programs would be reduced by \$80 million in 2002 from current levels because of fewer Medicare beneficiaries utilizing teaching institutions. This year, for example, Methodist Hospital in Houston estimates that it would lose \$71,871 because Medicare managed care patients are not seeking services from them. Clearly, we need to correct this inequity.

As the representative for the Texas Medical Center, home of two medical schools, three nursing programs, and several paramedical programs, I have seen firsthand the invaluable role of medical education in our health care system and the stresses being placed on it today. For instance, Methodist Hospital provides training for 825 students in its nursing, allied health, physical and occupational therapy, respiratory therapy, laboratory technology, and pharmacy programs. I am concerned that without sufficient Medicare support that these programs would be jeopardized.

The Balanced Budget Act of 1997 included a provision, similar to legislation I introduced,